

REQUEST FOR REMOVAL OF MILITARY DISCHARGE OR REDACTION OF SOCIAL SECURITY NUMBER FROM A MILITARY DISCHARGE

1. Full Name of Veteran: _____

2. Name of Person Making Request: _____

3. If not the Veteran making the Request, identify the legal relationship that entitles the Person Making Request to make the Request: (check one)

- a. Surviving Spouse _____
- b. Attorney-in-Fact _____
- c. Personal Representative _____
- d. Court Appointed Guardian _____

4. Check (a) or (b):

(a) Request Removal of Military Discharge Record _____

(b) Request Redaction of social security identification number on Military Discharge Record (if practicable) _____

5. Type of Military Discharge Record _____

6. Book and Page Number or other Reference identifying where the Military Discharge Record is recorded in the _____ County Register's office:

Book No. _____ Page No. _____ or

_____ No. _____

7. Signature of Person Making Request:

State of Tennessee

County of _____

Personally appeared before me, (person duly authorized to take acknowledgments in [_____] County

the within named _____, with whom I am personally acquainted (or proven

to me on the basis of satisfactory evidence) and who acknowledges that such person executed the within

instrument for the purpose of making a request of the Register of Deeds of _____ County,

Tennessee, to remove a military discharge record or redact a social security identification number from a

military discharge record, excepting microfilm records.

Witness my hand this _____ day of _____, 20____.

(signature of person taking acknowledgment)_____

[Space for Seal of Office]